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regulations relating to the bills of health to be obtained by vessels of the United States Navy will be promulgated by the Secretary of the Treasury.

The medical officer detailed under this order as quarantine officer at the port of Manila shall be the chief quarantine officer for the Philippine Islands. It shall be his duty to make appointments and removals from the Service in the Philippines (subject to the approval of the Secretary of the Treasury), and shall authorize necessary expenditures, under such regulations as the Secretary of the Treasury may prescribe.

The regulations for the government of the Marine-Hospital Service shall, so far as practicable, have force and effect in the management of the quarantine service in the Philippine Islands.

The expenses of the quarantine service will be charged against the revenues of the islands, and a sum not to exceed three hundred thousand dollars (\$300,000) in each fiscal year is hereby set aside from the revenues collected in said islands for this purpose. The expenses shall be paid therefrom upon the certificate of a detailed quarantine officer, and upon the approval of the chief quarantine officer for the Philippine Islands.

The chief quarantine officer shall render a report on the last day of each month to the Supervising Surgeon-General of the Marine-Hospital Service, who will issue to him necessary instructions.

The Epidemic Fund will be reimbursed from the revenues of the islands for the cost of disinfecting appliances and materials ordered to be forwarded to the islands prior to the date of this order.

WILLIAM MCKINLEY.

This order to be duly proclaimed and enforced at ports in the Philippine Islands.

ELIHU ROOT,
Secretary of War.

CEREBRO-SPINAL MENINGITIS.

[Extract from Modern Medical Science, December, 1899.]

The mortality records show that we have been having in this country a mild but extensive epidemic of cerebro-spinal meningitis during the last year and a half or two years. This is the fourth irregularly wave-like outbreak in the United States within the present century. It is believed by many that the crowding together of soldiers under unhygienic conditions aggravated the epidemic, which has not been marked in other countries. As far as can be learned, the epidemic started in Alaska and slowly traveled east and south.

Mortality records compared by the Columbus Medical Journal show a rate in that city of 66 per cent; in Boston, 68½ and 59; in St. Louis, nearly 80; in Chicago, 65 per cent. Thus it is seen to be, as stated by Dr. William Osler, the most fatal of the acute diseases. As stated by Dr. Osler, no fever attacks so few individuals in a community during its periods of prevalence, and probably no other known fever kills so large a proportion of those attacked.

The diplococcus intracellularis meningitidis, discovered and named by Weichselbaum in 1887, is now very generally regarded as the specific cause of the disease. It is sometimes called for convenience meningococcus. This is undoubtedly the specific germ of cerebro-spinal fever, though there are many cases of leptomeningitis which are diagnosed in ordinary practice as cerebro-spinal meningitis, which are due to other pathogenic germs. Of 20 cases recently analyzed from the pathologic department of Johns Hopkins Hospital, 6 were true cerebro-

spinal fever in which the diplococcus intracellularis meningitidis was found. In 8 cases pneumococcus was present and 7 cases were pyogenic meningitis, in which streptococci or staphylococci were found. The observations of Weichselbaum have been fully confirmed by the work of Huebner, Councilman, Mallory, and Wright.

Lumbar puncture is of great value in diagnosis and can be done in the majority of cases without the aid of local anæsthesia. The puncture is usually made in the second or third interspace. "During the last ten years," says Dr. Osler, "no single measure of greater value in diagnosis has been introduced."

Eye symptoms in meningitis, according to Dr. A. E. Davis, are sometimes marked, but often absent. In 8 of 13 cases of leptomeningitis there were no eye symptoms. One patient with purulent meningitis, in which no eye symptoms were present, showed post-mortem the meninges covered with pus and extensive adhesions between pia and dura mater. In 12 cases of cerebro-spinal meningitis, eye symptoms were absent in 7. Loss of iris reflex was present in one, dilated and fixed pupils in another, strabismus in a third, and in the fourth the pupils were dilated but reacted to light.

No eye symptoms were present in 8 of 13 having tuberculous meningitis; pupils were dilated in 1. There occurred extensive ulcerative keratitis and conjunctivitis in another, and in a third dilated pupils and lagophthalmia. No tuberculous condition of the eye was seen in any case. Whether symptoms are primary or secondary must be decided.

The motor and visual disturbances should also be differentiated. Cerebro-spinal meningitis has, as prominent symptoms, paralysis of third, fourth, ophthalmic division of fifth, sixth, and seventh nerves, with nystagmus and ptosis from cortical lesions; choked disc, optic neuritis, perineuritis, plastic and suppurative iritis, conjunctivitis, œdema of the lids, hemianopsia as a cortex or tract lesion. In simple or leptomeningitis the eye symptoms are of more importance in determining the diagnosis than in the cerebro-spinal type. The most reliable is optic neuritis. Many cases occur as sequelæ to middle-ear suppuration of a chronic character. Metastasis is another frequent cause. The neuritis is always consecutive to complicating meningitis. In tuberculous meningitis the eye symptoms are largely the same as in the simple form.

Alcoholism simulating meningitis in children.—Drs. Ausset and Comber-nale report (Société de Médecine du Nord) 2 cases of this affection, 1 in a nursing, the other in an infant 2½ years old, simulating meningitis. In both cases alcoholism was recognized as the cause; in the first case produced by the milk of an alcohol-imbibing wet nurse, in the other by the direct administration of alcoholics to the infant. In both cases the symptoms disappeared upon the removal of the cause.